

HABILITATION, INDIVIDUALLY DESIGNED LIVING ARRANGEMENT

Service Description

HP16-00

Services provide a variety of interventions designed to maximize the functioning of persons with developmental disabilities. Services may include, but are not limited to: habilitative therapies, special developmental skills, behavior intervention and sensorimotor development.

Service Requirements and Limitations

1. This service shall provide for an alternative, non-licensed residential living situation for ~~Division memberconsumers within the Division's philosophical base of self-determination; enabling the consumer~~ to choose where and with whom he/she will live and assume all responsibility for his/her residence. Generally, one (1) or more ~~memberconsumers~~ reside together in a private residence that is leased or owned by the ~~member(s)consumer(s)~~ and/or the ~~member(s)consumer(s)~~ representative(s). The focus of this service is to provide habilitative supports to these ~~memberconsumers~~ based on the collective need for direct staff support to eligible ~~memberconsumers~~ who have chosen to reside together and share their resources.
2. This service shall not be provided when the ~~memberconsumer~~ is hospitalized.
3. This service may be authorized ~~by the hour or by~~ for the day ~~or by hours~~. A day begins at 12:00 a.m. (midnight) and ends at 11:59 p.m. on the same calendar day. When the service is authorized on a daily basis, the Qualified Vendor shall only bill for an individual who is present at 11:59 p.m. ~~may be billed for on that calendar day.~~
4. ~~The amount of direct care staffing authorized for each residence is determined by assessing the collective needs of all consumer residents. If residences are in close proximity (such as an apartment complex), determination of collective needs may include all the consumers sharing support, and the authorization distributed accordingly. This agreement should be codified with District Program Manager/designee.~~
4. The Arizona Health Care Cost Containment System ("AHCCCS") Agency with Choice Member-Directed Service Delivery Model/Option.
 - 4.1 The Qualified Vendor shall identify in the Division's Qualified Vendor Application and Directory System ("QVADS") whether it is participating in the AHCCCS Agency with Choice member-directed service delivery model for the service of Individually Designed Living Arrangement Hourly Habilitation. The service of Individually Designed Living Arrangement Daily Habilitation is not included in the AHCCCS Agency with Choice member-directed service delivery model. (See the AHCCCS website located at www.azahcccs.gov for additional information regarding the AHCCCS Agency with Choice member-directed service delivery model/option.)

- 4.2 The Qualified Vendor accepting a service authorization for Hourly Individually Designed Living Arrangement Hourly Habilitation for a member who has chosen to participate in the AHCCCS Agency with Choice member-directed service delivery option shall participate in the AHCCCS Agency with Choice member-directed service delivery model, shall agree to comply with all AHCCCS rules and policies regarding the Agency with Choice member-directed service delivery model, and shall implement the member's planning document.
- 4.3 The Qualified Vendor shall comply with the AHCCCS Agency with Choice member-directed service delivery model requirements and ensure that the direct service staff providing Hourly Individually Designed Living Arrangement Hourly Habilitation is not the member's individual representative as defined by the AHCCCS Agency with Choice member-directed service delivery model.
- 4.4 A member participating in the AHCCCS Agency with Choice member-directed service delivery option may request a change in vendors at any time without having to express any reason for the change, notwithstanding R6-6-2109(B), (C), and (D).
- 4.5 The Qualified Vendor that has chosen to participate in the AHCCCS Agency with Choice member-directed service delivery model may be required to provide additional training for the member and/or member's representative regarding the co-employment relationship as assessed and authorized by the Division. If this is required, the Qualified Vendor shall bill a unique service code as identified by the Division.
- 4.6 The Qualified Vendor that has chosen to participate in the AHCCCS Agency with Choice member-directed service delivery model may be required to provide additional training for the direct service staff outside of the scope of the required/standard training [i.e., Cardiopulmonary Resuscitation, First Aid, Article 9 (Managing Inappropriate Behaviors), Direct Care Worker, etc.] and in order to meet the unique needs of the member as assessed and authorized by the Division. If this is required, the Qualified Vendor shall bill a unique service code as identified by the Division.

Service Goals and Objectives

Service Goals

1. To provide a broad array of support services to promote the physical, emotional, and mental well-being of the member(s)~~consumer(s)~~.
2. To enable each ~~member~~consumer to acquire knowledge and skills and be a valued member of his/her community based on his/her own choices.
3. To provide training and supervision to each ~~member~~consumer to increase or maintain his/her self-help, socialization, and adaptive skills to live~~reside~~ and participate successfully~~in the his/her own~~ community.

4. To develop positive relationships for the memberconsumer in their community.
5. To facilitate and support the utilization of opportunities for memberconsumers to interact socially with family, friends, and others in the community at large, including providing information regarding and facilitating access to community resources.
6. To assist the memberconsumer in achieving and maintaining a quality of life that promotes the memberconsumer's vision for the future and priorities.
7. To assure the health and safety of each resident memberconsumers.

Service Objectives

The Qualified Vendor shall ensure the following objectives are met:

1. In accordance with each resident member's consumer's planning document [e.g., Individual Support Plan ("ISP")] processes, develop in collaboration with the consumer and the Division, an individualized support plan, including:
 - 1.1 Establishing Hhabilitation-related service functional outcomes based on assessment data and input from the memberconsumer and the memberconsumer's representative(s) which that will allow the memberconsumer to achieve his/her long term vision for the future and priorities.
 - 1.2 Developing Aa specific habilitative (training/teaching/mentoring) strategy for each habilitative objective/outcome within twenty (20) business days following the initiation of service after initiating the service for a new placement and within ten (10) business days for a or a continuing placement and whenever a new outcome has been identified for the member. The specific teaching strategy for each outcome shall include, e.g., the schedule for implementation, frequency of services, habilitative strategies, data collection methods, and the steps to be followed to teach the new skill, etc.
 - 1.3 Based upon the presence or absence of measurable progress, collaborate ing with the consumer to make Cchanges to specific objective/outcome(s) and/or strategies in collaboration with the member, based upon the presence or absence of measurable progress by the member, to the present to the planning ISP team (e.g., ISP team) for agreement.
2. As identified in each resident member's consumer's planning document ISP, provide a broad array of support services, such as:
 - 2.1 Assistance and training related to personal and physical needs and routine daily living skills;

- 2.2 Implementing strategies to address behavioral concerns, developing behavior ~~support~~intervention programs, and coordinating with behavioral health programs to ensure proper review of medication treatment plans;
- 2.3 Facilitating to ensure that the health needs of the ~~member~~consumer are being met, including providing follow-up as requested by the ~~member's~~consumer's ~~P~~primary ~~Care~~ Provider~~physician~~ ("PCP") or medical specialist; and reporting any significant risk to the ~~member's~~consumer's health and safety to the ~~member's~~consumer's ~~planning~~ISP team;
- 2.4 Facilitating and supporting the implementation of all therapeutic recommendations including speech, occupational, and physical therapy, and assisting ~~member~~consumers in following special diets, exercise routines, or other therapeutic ~~programs~~regimes;
- 2.5 Encouraging, facilitating, and supporting mobility training, and alternative or adaptive communication training, as needed;
- 2.6 Providing general oversight or supervision as identified in the ~~planning document~~ISP for planning support; and
- 2.7 Encouraging, supporting, and assisting the ~~member(s)~~consumer(s) to take full advantage of opportunities for training and/or practice in basic ~~life~~consumer skills such as shopping, banking, money management, access and use of community resources, and community survival skills.
3. Encourage, support, and assist ~~member~~consumers to maintain, or enhance independent functioning skills for each ~~resident member~~consumer in sensorimotor areas, cognition, personal grooming, hygiene, dressing, eating, toileting, self-medication and first aid, recognizing symptoms of illness, and preventing accidents and illnesses.
4. Encourage and support each ~~member~~consumer to develop relationships, both acquaintances (e.g., the local bank teller, the local pharmacist, the regular bus driver, ~~etc.~~) and friends of his/her choice. Encourage, mentor, and model appropriate assertiveness, social skills, and problem solving abilities for use in daily interactions.
5. Encourage and support ~~each member~~consumers to participate in community activities, develop relationships with others in their community, and to utilize public and community resources.
6. Assist the ~~member~~consumers in developing strategies for needed access to their community. Each ~~member~~consumer may participate in a variety of daily living activities, e.g., day treatment and training, employment situations, medical appointments, visits with family and friends and other community activities, ~~etc.~~ Promote, as appropriate, the acquisition of skills necessary to access community transportation resources. Staff time utilized for assisting ~~member~~consumers to access their community is considered direct service time.

7. ~~In collaboration with each consumer develop a monthly anticipated schedule of daily activities, including planning for those times when accessing the community is needed. Activities and schedules are based on consumer direction, choice, and their ISP goals. This schedule shall be available to consumers, consumer representatives, or others upon request.~~

8. ~~Play an active role in supporting the consumers to plan that service is complimentary to other service provider entities, including day treatment and training providers, employers, and health care providers.~~

Service Utilization Information

1. ~~Utilization and authorization of service level for each residence is will be determined by based on assessing the collective needs of all of the memberseconsumers at the residence. If residences are, or in close proximity (such as an apartment complex) allowing for the sharing of staffing resources, determination of collective needs may include all the members sharing support— and is will be revised as needs change; the authorization is distributed accordingly. The Qualified Vendor is expected to assist the Division in the process for determining the service level to be authorized for the memberseconsumers living at the residence. This process should be a cooperative one that includes input from the Qualified Vendor. This agreement shall be approved by the Division's District Program Manager or designee.~~

2. ~~The DDD District Program Administrator/Manager or designee shall approve any authorized service levels which require the Division to submit Cost Effectiveness Justifications to the Arizona Health Care Cost Containment System (AHCCCS).~~

Rate Basis

1. Published. The published rate is based on one (1) hour of direct service or one day of direct service as identified in the Division's RateBook.

2. Throughout the term of the contract, the appropriate billing codes, billing units, and associated billing rules are subject to change. All billing codes and billing units, and associated billing rules will be included in the Division's Policies and Procedures Manual, Billing Manual, *Rate Book*, and/or other provider resources made available by the Division.

Direct Service Staff Qualifications

Direct service staff must:

1. Have at least three (3) months experience implementing and documenting performance in individual programs (specific training strategies);

2. Have both three (3) months experience in providing either respite or personal care and have received training, approved by the Division, in implementing and documenting performance; or
3. Perform three (3) months of habilitation services under the direct supervision of an individual who is qualified to provide habilitation as described above.
4. Direct service staff shall not be the member's individual representative (as defined by the AHCCCS Agency with Choice member-directed service delivery model) when the member chooses the AHCCCS Agency with Choice member-directed service delivery option.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall maintain a copy of the planning document ~~ISP~~ on file and readily available for direct care staff's reference, and to the member/consumer/family/member's representative ~~consumer's representative~~ and Division staff upon request.
2. The Qualified Vendor shall submit the teaching strategies that were developed for the member's habilitative outcomes to the member's Support Coordinator for planning team review no later than twenty (20) business days following the initiation of service for a new placement and no later than ten (10) business days for a continuing placement and whenever a new outcome has been identified for the member.
3. The Qualified Vendor shall adhere to the requirements of "non-provision of service" as required by Division policy (see Section 5, Service Requirements/Scope of Work, of the Qualified Vendor Agreement).
- 4.2. The Qualified Vendor shall submit quarterly individualized progress reports on the member, including a written summary describing the specific service activities and the performance data that identifies the consumer's progress toward achievement of the established functional outcomes, within thirty (30) days after the close of the quarter to the member/consumer's Support Coordinator ~~Division~~ and the member/consumer/family/member's representative unless the member/member's representative has requested not to receive them. The quarter is based on the calendar year and the reports are due no later than the fifteenth (15th) day following the end of the quarter. The Qualified Vendor shall refer to the Division's Provider Manual for guidance on report due dates and minimum content of the reports ~~member's annual planning cycle. The first quarterly progress report is due no later than the fifteenth (15th) day following the end of the quarter in which the service is initiated. Subsequent quarterly progress reports are due no later than the fifteenth (15th) day following the end of the quarter.~~
- 4.1 At a minimum, the report shall include a written summary describing specific service activities, overall progress specific to planning document outcomes, performance data

that identifies the member's progress toward achievement of the established outcomes, and current and potential barriers to achieving outcomes.

53. The Qualified Vendor ~~shall~~^{must} maintain daily records on file as proof of the number of hours worked by ~~each~~^{their} direct service staff providing direct services to members, e.g., staff time sheets.

5.1 Each time sheet, equivalent document, or data system -must contain the original signature or other independent verification (that complies with A.R.S. § 41-132) of the member/member's representative/ agency representative after service delivery confirming the hours worked. Proof of hours worked must be signed or verified by the member/member's representative/ agency representative before the Qualified Vendor submits the claim for payment.

64. The Qualified Vendor shall maintain data that demonstrates full compliance with all programmatic and contractual requirements of the Department and the Division.